

St Helens Council

Supported Living Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 8 and 11 April 2016 and was announced.

The Supported Living Service is registered to provide personal care for adults with learning disabilities and other complex needs living in their own homes. There were 53 people being supported on the days of inspection.

The service had a registered manager in place who had been registered with the care Quality Commission since August 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to take their medicines by staff that were appropriately trained. People received care and support from staff that knew them very well, and had the knowledge and skills to meet people's individual needs. People told us staff always treated them with kindness and promoted their choices regarding their care, support and the activities they participated in. People spoke very positively about staff, their comments included, "Staff look after me, I like them" and "Staff do everything I need".

People were supported to live a full and active life, offered choice and staff had safeguards in place to support people to experience outings and for activities to go ahead. Risk assessments were regularly reviewed and also when people's needs changed and the staff approach was flexible to allow for changes in circumstances. The staff ensured people were protected from the risk of harm.

Staff were trained in safeguarding adults and understood how to recognise and report any abuse. The service had policies and procedures in place that informed staff of how to keep people safe and these were followed.

Staffing ratios were in place to meet people's assessed needs and were responsive to people's changing needs and preferences. This allowed for people to go away on holiday if they chose and to undertake activities of their choice.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People's risks were anticipated, identified and monitored. Staff managed risk effectively and supported people's decisions, so they had as much control and independence as possible.

Care plans provided staff with clear direction and guidance as to how to meet people's individual needs. The service was flexible and responded to people's needs. People told us the staff met all their needs.

People knew how to raise concerns and make complaints. People who had raised concerns confirmed they had been dealt with promptly and satisfactorily. We saw records that demonstrated the complaints procedure had been followed.

There was a management structure within the service which provided clear lines of responsibility and accountability. There was a positive culture within the service and the management team provided strong leadership and led by example. Staff said "I feel well supported by the company" and "We are a good team and everyone from the manager, assistant manager, team leaders and support staff are supportive".

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager, assistant manager and team leaders were visible in the service. They regularly visited people in their own homes and sought their views about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who understood how to recognise and report any signs of abuse.

Procedures and processes were in place to help ensure that people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the right competencies, knowledge and skills to meet their individual needs.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act 2005. People were involved in decisions about their care and support.

People enjoyed the activities undertaken with staff.

Is the service caring?

Good ●

The service was caring.

Staff built relationships with people who used the service and were given ample time to meet people's needs and provide companionship.

People were supported by staff that were focused on maintaining their independence.

Staff respected people's dignity and maintained their privacy.

Is the service responsive?

Good ●

The service was responsive.

Care records were individualised and focused on a person's whole life. Staff had an understanding of how people wanted to be supported.

People were supported by staff to be involved in identifying their choices and preferences, and have as much independence as possible.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

Is the service well-led?

Good ●

The service was well led.

Management were approachable and had clear values that were understood by staff and put into practice.

Staff demonstrated that they were motivated to develop and provide quality care.

Quality assurance systems were in place and were used to drive improvements.

Supported Living Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 and 11 April 2016 and was announced. 48 hours' notice was given because the service is small and the registered manager is often out of the office. We needed to be sure that someone would be available.

The inspection team consisted of one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We contacted the local authority safeguarding and quality monitoring teams who did not identify any areas of concern.

We spent time observing interactions between people and staff within their own homes.

We also spent time looking at records, which included the care records for five people. These included support plans, risk assessments and daily monitoring records. We looked at the recruitment files of three members of staff. The training, supervision and appraisal records for seven members of staff were reviewed. Other records relating to the management of the service were looked at.

We spoke with the registered manager, assistant manager, a team leader, two members of staff and visited four people living in their own homes.

Is the service safe?

Our findings

People told us they felt safe and they trusted the staff that supported them. People commented; "I feel safe when I am with my staff".

A safeguarding policy was available and staff spoken with understood this. All staff had undertaken safeguarding training and were knowledgeable in recognising signs of potential abuse. Staff were familiar with the relevant reporting procedures including local authority contacts. All safeguarding issues had been reported, fully investigated and appropriate action taken to minimise future reoccurrence. Staff understood how to appropriately protect people and keep them safe from harm.

Risk assessments were carried out to identify risks to people who used the service and to the staff supporting them. Individual risk assessments were also in place for specific activities people had chosen to participate in. These activities had included a holiday to Blackpool, risks to consider and manage within the community and travelling on public transport. Staff had guidance about how best to manage individual's behaviours which put staff and people's safety at risk. The registered provider demonstrated a clear process for the management of risk without restricting or limiting people's independence. Risk assessments were reviewed and updated regularly to ensure staff always had the most up to date information to support people.

Some people were supported by staff with their moving and handling needs which required the use of essential equipment. Team leaders undertook checks of all equipment including hoists, stand aids and slings every month to ensure they remained safe to use. Documentation reviewed showed that concerns were identified and actions taken to manage this. Individual moving and handling profiles were reviewed every six months or after any change or significant event.

People were protected by staff who understood how to respond to emergencies or unforeseen events. People and staff had telephone numbers for an on call manager at all times. This ensured a member of the management team was always available to provide advice and support.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records were clearly written and they demonstrated that appropriate actions had been taken. Incidents were reviewed to identify any actions to be taken to protect people. This minimised future risk and reduced the likelihood of reoccurrence.

We saw that the registered provider based the amount of staff on the needs of people. Staffing rota's showed that staff were available when required. The registered provider had undertaken a thorough recruitment process. They said they did not use agency staff which helped ensure people received support from staff that knew them well and understood their needs. The registered provider recruited staff to match the needs of the people who used the service. People said they got on well with the staff and enjoyed their company.

We reviewed staff files and found they included all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with vulnerable people. The registered provider demonstrated a safe recruitment process by recruiting staff suitable to work at the service.

Some people required assistance from staff to take their medicines. The registered provider had a medication policy and procedure. There was a system for staff to be assessed which demonstrated competency in medication administration and was clear and comprehensive. All staff had received training in the administration of medication. There were systems in place to ensure medicines had been administered appropriately. As a result people being supported by the service received medicines that met their assessed needs in a safe manner. Some people were self-managing their medication to support their independence. There was a self-managing profile within the care plan to ensure all staff had a consistent approach when they offered support.

Is the service effective?

Our findings

People told us the staff understood them very well and always offered them choice. They said these included activities within the home, meals and community activities.

People said staff supported them to look after their home's by working with them to complete tasks. People said that staff knew how to support them and always promoted their independence.

All staff had undertaken an induction programme and participated in on-going training to develop their knowledge and skills. Ongoing training included topics which the provider considered mandatory and it was delivered in a number of different ways, including internally held courses and those undertaken by external training providers. Staff told us that the training was good and always interesting. Newly appointed staff completed the new care certificate. The care certificate is a set of minimum standards that social care and health workers work with in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Staff shadowed experienced staff until they and the registered manager felt they were competent in their role. One member of staff commented, "I found my induction very interesting and it prepared me fully for the job". As a result people were supported by staff that had the knowledge and skills required to meet their needs.

In addition to the mandatory training, staff had completed or were in the process of completing a National Vocational Qualification (NVQ) in care, to further increase their skills and knowledge in how to support people who used the service. NVQs are based on national occupational standards. These standards are statements of performance that describe what competent people in a particular occupation are expected to be able to do. They cover all the main aspects of an occupation, including current best practice.

Staff said they were fully supported by the team leaders and that there were good opportunities for on-going training. There was a programme in place to ensure staff received relevant training and all refresher training was kept up to date. Staff received supervision and an annual appraisal from the management team. This gave staff an opportunity to discuss their performance and identify any further training or skills development they required.

Staff worked with healthcare services to ensure people's health care needs were met. Staff supported people to access a variety of healthcare professionals including GP's, opticians and dentists as required. Care records showed that staff shared information well with professionals and involved them appropriately.

People were supported and encouraged to maintain a healthy balanced diet. We saw people were supported with their independence wherever possible to prepare and cook their own meals. Staff encouraged healthy options and also offered people choice as well as education. One person described the support they received to manage their diabetes and another talked about attending a class to support them to lose weight. They described the way the staff had offered positive support and encouragement throughout this process.

People were supported by staff that had good communication skills. During the inspection we observed good communication between staff and people being supported by the service.

Some people supported by the service demonstrated challenging behaviours. All staff had undertaken 'Space' training which encouraged a proactive approach to managing conflict. Staff stated they used the process of assessment, prediction to prevent conflict and the emphasis was focused on non-aggressive, injury free conflict resolution. The registered manager and assistant manager had undertaken training to assess staff competencies annually.

We checked how the service followed the principles of the Mental Capacity Act 2005 and its associated code of practice (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were confident about putting this into practice on a daily basis to help ensure people's human and legal rights were respected. Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people's best interests. The registered provider demonstrated clearly that capacity assessments and best interest decisions had taken place. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was included in the training programme that all staff were required to participate in. The registered manager had referred people via the local authority for Court of Protection applications as they were deprived of their liberty and understood why they were required. The Court of Protection is a court in England and Wales that can make decisions on behalf of people who cannot make their own decisions because they lack capacity.

Is the service caring?

Our findings

People told us they received care and support from a staff team that knew them well. They said they had regular staff who they knew by name and enjoyed their time with them. People told us they were happy with the staff and got on with them. People's comments about the staff who supported them included, "They are great" and "Staff have helped me in so many different ways".

Reviews included relatives where appropriate. We saw documentation that showed a person who used the service had actively participated in their own review. Reviews were held every six months.

Staff spoken with and observed during visits to people's homes showed a good knowledge and understanding of people. Staff said they had spent time getting to know people and to understand the best way to support them. Staff were motivated and passionate about making a difference to people's lives. Staff spoke positively about working for the registered provider, comments included, "I feel at home with the staff team", "I'd be quite happy for any of my family members to be looked after by this service" and "The team care for each other as well as our service users".

Staff were respectful of people's privacy and maintained their dignity, for example we saw that staff gave people privacy whilst they undertook aspects of personal care and remained nearby to maintain the person's safety. Documentation reviewed showed that a preference was offered to people regarding male or female support staff.

Staff were observed promoting people's independence, for example people were observed undertaking daily living activities. Care plans were detailed and included likes and dislikes as well as specific details relating to each person. This meant people received person centred care and support specific to them.

People were supported to express their views and to be involved in making decisions about their care and support. The registered provider shared a new feedback document which used visual pictures to express feelings for feedback about the service. People that were supported by the service said they had seen their care plans. This meant people were included in their care and support requirements. The registered manager had regular contact with all people who used the service and where appropriate their relatives.

People received care and support from a staff team who understood their history, likes, needs, hopes and dreams. The assistant manager commented, "It is so important that we get to know people really well and always ensure we are focused on the individual. We learn about what is important to the person and how best to support them". One person told us, "I like going out with staff and I really like going to the shops". Staff interactions were seen to be comfortable with lots of conversation appropriate to the person. Staff demonstrated a good understanding of the person's likes, dislikes and people that were important to them. As a result people received support that met their wishes from staff who understood their individual preferences.

People had access to advocacy information from an organisation that works with people with learning

disabilities.

Is the service responsive?

Our findings

People received personalised care, treatment and support. The person, those who mattered to them and professionals were actively involved in the assessment process. Information was gathered about the person's life story to date through an 'All about me' document. This included information which covered all areas of the person's life.

People and their families, where appropriate, were involved in planning their own care and making decisions about how their needs were met. People set goals they wished to achieve. Records showed staff were trained in supporting people to do this and assessing people's needs. Within the support plans it clearly stated what the member of staff would do for each activity or task and what the person had agreed to do. This demonstrated people's independence was being promoted.

Staff told us they thought care plans were very important in providing individualised support. Care plans we looked at showed that each person's plan reflected their individual needs, choices and preferences, and gave guidance to staff on how to make sure personalised care was provided. Review meetings identified changes in care and support needs. Any changes were discussed with the person, healthcare professionals and chosen family members as required. Changes were clearly documented and the information shared with all support staff. This ensured continuity of support and that all staff remained aware of people's individual needs.

All people supported by the service had a fully completed Health Passport. It is used to help healthcare professionals understand people and to make reasonable adjustments to the care and support they provided during an appointment or hospital stay. It has information about a person that enables staff to understand a person's everyday needs, including communication, medication as well as eating and drinking.

People were protected from the risk of social isolation and staff spoken with recognised the importance of companionship and keeping relationships with those who matter to them. People were enabled to take part in personalised activities and encouraged to maintain hobbies and interests. As part of people's support package staff spent time to ensure they engaged in home based and external activities of choice which included shopping, eating out, pampering sessions and also baking. Records showed choices offered by staff and made by people every day.

Daily records were completed and reflected on each area of the support plan. Records completed by staff included references to medication, activities linked to goals, sleep pattern, seizure activity and other information specific to the individual person. This information was used at the person's review for discussion and future planning as well as care plan development.

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. Complaint records showed that concerns had been responded to in a timely manner and investigated in line

with the Supported Living Service complaints policy. Action had been taken and outcomes had been recorded and fed back to the person concerned. The registered manager told us that they used concerns and complaints to improve their service and raise standards of care.

Is the service well-led?

Our findings

The registered manager had been the registered with CQC since 7 August 2015. People supported by the service and staff all described the management of the service to be approachable, open and supportive. Comments included, "I know I can talk to the manager if I need to", "The management team have always got time for you. There is always someone available to support you" and "The manager is approachable and hands on".

Everyone we spoke with including people supported by the service and staff said the registered manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported. There were clear lines of responsibility and accountability within the management structure. This structure included a registered manager, assistant manager and team leaders.

Staff spoken with were motivated and passionate about making a difference to people's lives. Staff said about working for the registered provider "I feel very fortunate to have my job" and "Queries are always responded to quickly".

The registered provider had a whistle blowing policy which staff were familiar with. Staff told us they would not be afraid of reporting any concerns they had about the service and were confident that their concerns would be dealt with in confidence.

Through review of the staff rosters and discussion with people living at the service and staff it was clear the registered provider had ensured enough staff were available at all times for people to complete their activities of daily living and undertake their chosen activities.

The management team met every month to review the service and discuss areas for improvement and development. During our inspection we reviewed the minutes of these meetings. The registered manager held staff meetings throughout the year.

The service had notified the Care Quality Commission (CQC) promptly of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service.

The registered manager told us their service treated people as individuals whilst ensuring that they had a flexible, quality support which met their needs. The registered provider regularly invited feedback during the six monthly review process. Feedback from people, friends and relatives as well as healthcare professionals was sought in order to enhance the service. We saw the registered provider had produced a new document to encourage people to offer feedback in a meaningful way.

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff reflected positively about the service. Comments included, "No day is the same and I love my job", "I am happy to pick up extras shifts as I enjoy being part of

a supportive team" and "I value being paid to attend training".

The registered provider undertook weekly and monthly audits which included medication, accidents and incidents and daily records in line with the organisations policies and procedures. All audits clearly identified actions required and were fully updated following the completion of any actions. All audit information was collated and a full analysis undertaken to identify trends in order to improve the quality of the service provided.